



## Health Insurance Factfind

**Your Name:**

**Your Address:**

**Contact Number:**

**Email Address:**

Please return this form to Affinity Select Insurance Services Ltd Horsted Square Bellbrook Business Park Uckfield Sussex TN22 1QG

[www.miexpert.co.uk](http://www.miexpert.co.uk) t: 01825 983102 e: [enquiries@miexpert.co.uk](mailto:enquiries@miexpert.co.uk) f: 01825 761479

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NOTES

Do you currently have private medical insurance?

 

If so, who is it with?

What is the name of your current medical insurance plan?

What is your current monthly premium?

Would you consider changing provider?

 

When is your policy due for renewal?

Have you made any claims on your policy?

 

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**Please give details of any medication that you or any person to be covered is currently taking?**

**Please advise if any person to be covered has a pre-existing condition?**

**Please tell us the names of the people who are to be covered by your plan and their dates of birth and whether they are smokers or non smokers.**

**Name**

**Date of Birth**

**Smoker/Non Smoker**

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